



REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	2/5/02
First Named Inventor	Robert E. Fischer
Art Unit	
Examiner Name	
Attorney Docket Number	053768.0002

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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OR

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☐ Customer Number



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert E. Fischer				
Address	3050 E. Hillcrest Drive				
Address					
City	Westlake Village				
Country	USA	State	CA	Zip	91362
Telephone	805-373-9340	Fax	805-373-8966		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

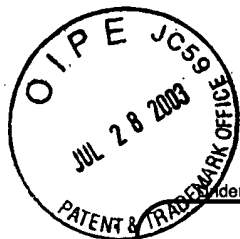
Name	Robert E. Fischer		
Signature			
Date	7/25/03	Telephone	8053739340

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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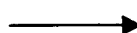
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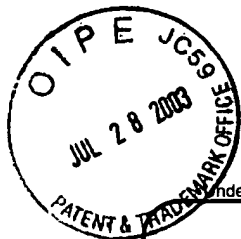
Name	Greg Moeller		
Signature			
Date	7-25-03	Telephone	805-529-6880

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PTO/SB/82 (05-03)

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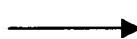
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Name	David Kappel		
Signature	David Kappel		
Date	7/25/03	Telephone	619 302-3327

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